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LESSONS

FROM THE

HISTORY OF MEDICAL DELUSIONS.

BY

WORTHINGTON HOOKER, M. D.

AUTHOR OF "PHYSICIAN AND PATIENT."

Fallax non raro Experientia, si Rationis ductû fuerit destituta. Qua propter, nisi mutuam sibi lucem communicent, æquam erroris causam præbebunt.

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THE Trustees of the Fiske Fund, at the Annual Meeting of the Rhode Island Medical Society, held at Providence, on the 26th of June, A. D. 1850, announced that they had awarded to the author of the Dissertation bearing the motto,

"*Fallax non raro Experientia, si Rationis ductû fuerit destituta: Qua propter, nisi mutuam sibi lucem communicent, æquam erroris causam præbebunt.*"

the premium of fifty dollars, by them offered, for the best Dissertation on the following subject, viz:

"THE HISTORY OF MEDICAL DELUSIONS OF THE PRESENT AND FORMER TIMES."

Upon breaking the seal of the accompanying packet, they ascertained its author to be WORTHINGTON HOOKER, M.D., of Norwich, Conn.

In awarding the premium for this Dissertation, neither the Trustees, nor the Rhode Island Medical Society, hold themselves responsible for the doctrines herein inculcated, or opinions advanced.

S. AUGUSTUS ARNOLD,
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Attest,

THOMAS H. WEBB, *Secretary*.

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INTRODUCTION.

Those of my readers who have read the 'Physician and Patient,' which was published by the author nearly a year since, will perceive that some few of the thoughts presented in this essay, and some of the illustrations, have already appeared in that work. The repetition, however, could not be avoided, without making my view of the subject in hand incomplete. This is my apology, if any be needed.

It is the opinion of some physicians that quackery had better be let alone, and that no attempt should be made to enlighten its victims, and to deliver them from the consequences of their errors. And among those who hold this opinion are many eminent men, and some personal friends of the author, for whose judgment he has the highest respect. The grounds on which they object to all attacks upon quackery are, that its victims, as they think, cannot be convinced of their error, and will be duped at any rate, and that therefore any attack upon their delusion is useless—nay, more, that it helps to introduce it into popular favor, by giving it notoriety, and perhaps even dignity.

These objections have much force if any one delusion or form of quackery be the particular object of attack; and especially if the attack be, as is too often the case, a sharp and ill-natured one, for then it confers upon it the profitable reputation of having been persecuted. They have no application, however, to any candid and

faithful exposition of the *common elements* of error, and of the mode in which these engender the numberless and ever-changing forms of delusion and empiricism.

Such an exposition, I allow, will have little or no influence with those who have acquired such a bent of mind that they will inevitably be led into error on any subject, and who are the dupes of quackery alike in politics, in religion, and in medicine. Such had better be let alone. It is a waste of words to attempt to make them distinguish truth from error, and fact from fanciful supposition. But such persons constitute the minority, and not the majority, of the patrons of quackery. *The majority is made up of those who are more or less intelligent and rational on most subjects*, but who, from causes which I have undertaken to develop in the 'Physician and Patient,' are especially deluded on the subject of medicine. And such an exposition as this essay presents, of the common causes of medical delusions, both in the profession and in the community, will, I believe, commend itself to the reason and common sense of such persons, and will therefore have some influence, in connection with other kindred efforts, in deterring them from giving their patronage to quackery in any form—a patronage which, though it be only occasional, is yet, in the case of many of this class, very effective, from the character and standing of those by whom it is bestowed.

A history of the medical delusions of the *popular* mind alone, would be both an incomplete and a superficial history. It would leave much of the truth out of view. It would fail to lay open the secret springs of error. To present a true and full picture of medical delusions, the agency which the professional mind has had in the production and diffusion of them among the people must be unspar-

ingly portrayed. This I have attempted to do in this essay; and I think the candid and intelligent reader will allow that the errors and delusions of the medical profession are delineated with quite as much faithfulness as are those which are strictly of a popular origin, and are clearly traced with them to their common source. The exposition which I make is not a partial one. It is not a one-sided argument—a plea for the doctors against the people. But it is an attempt to show how both doctors and people have ever been liable to error, and how they have been alike in the common elements, if not in the forms and modes and fashions of their delusions. And while I ask the intelligent and rational among non-medical men to examine the sources of the delusions by which they may have been entrapped, I also earnestly request my medical brethren to look candidly at the errors of our profession; and then, while they aim to achieve a full deliverance from these, they will be less disposed to rail at the errors of the community, and will pursue in charity and patience the proper measures for their removal.

W. HOOKER.

Norwich, Conn., August, 1850.

LESSONS

FROM THE

HISTORY OF MEDICAL DELUSIONS.

The lessons which are taught by the history of past delusions are slowly learned by the medical profession, and still more slowly by the community at large. In the progress of human knowledge medicine has not been disencumbered of error so rapidly as the other sciences have been. So little does it bear the character of an exact science, especially in its Therapeutics, and so prone are men to conjecture and theorize where they cannot know, that the errors of the past on this subject have very generally failed to guard effectually against errors in the future. The history of medicine, therefore, presents to our view a succession of errors, standing out in bold prominence ;

each one having, as it rose to its ascendency, supplanted some favorite error which preceded it. Truth, however, let it be remembered, has been all the time more and more developed, by a constant accession to the facts and established principles of our science. And these facts and principles remain as permanent acquisitions, the property of the profession through all time ; while its array of baseless but splendid theories and doctrines has passed away, like a succession of dazzling but useless phantasmagoria.

If we ponder well the lesson which can be gathered from the past errors of medical men, and from the consequent delusions which have prevailed in the profession, and among the people, we shall be able to see to what errors we are liable in this busy and restless era, and how we may avoid them. Especially will this be the case if we examine the common causes or elements of all delusions, and observe how, in obedience to the influence of the changing circumstances of different ages, minds, and localities, they have evolved their multiform results, in the doctrines and modes and theories which have attracted the

gaze and admiration of the world. It is such an examination alone, that can prevent us from being led into some of the same errors, into which our predecessors have fallen. It is of little service to expose and attack any one error or delusion. This has been done by every errorist, and he has only substituted his own error for that of another, in the popular belief and favor. The process of rejecting one error only to embrace another has ever been going on, both in the medical profession and in the community. This is, in part at least, to be attributed to the fact, that the *common sources* of error have been to a great extent overlooked, while each error has been, in its turn, only *individually* assailed.

The advocacy of the merits of the medical profession is not always wise and just. Claims are sometimes put forth which cannot be sustained. It is folly for the physician to boast, that he worships in a temple, upon whose altars no strange fires ever burn, while he looks out with contempt upon what he regards as the almost heathenish observances and worship of the unscientific and unlearned people. Noble as is our profession, and

much as it has done for the race, it is very far from being faultless. Its history in all past times, shows, that, while it has accomplished vast good in the discovery of facts, and in the establishment of principles, it has also continually sent forth a brood of errors and delusions over the community. Nay more, it can be shown, that while physicians complain of the people for running wild after their favorite delusions, many of these delusions had their origin at the first among physicians themselves, and afterwards spread from them among the people.

This is as we should expect to find it from the very nature of the case. The medical profession, like the community at large, is made up of fallible men, and the elements of delusion are the same in the one class as in the other. The fruits which these elements produce in the two classes, though differing in form, would of course be *essentially* the same. The error of the physician would be refined, and would have the pomp and circumstance of erudition. But when it came to be received into coarser and uninformed minds, it would be homely in its guise; and yet it would retain its

essential characteristics unchanged. For example, the professor, who in the lecture room descants so learnedly on the doctrines of the Humoral Pathology to the crowd of admiring students, is the subject of substantially the same delusion as the old crone, who, with cracked voice, and uncouth phrase, doles out to her attentive listeners in the chimney corner of the sick room, her wise saws about 'bad blood' and 'ugly humors.' And more than this: The exclusive notion which she has adopted, and which is even now the favorite doctrine among quacks, and I may say in the community generally, originated in the medical profession, was the great doctrine of Hippocrates, the father of medicine, and was the prominent medical error from his time, four hundred years before Christ, down to the times of Stahl and Hoffman; a period of more than twenty centuries.

With these preliminary observations, I proceed to notice the principal elements or causes of medcal delusions.

The first which I shall notice is *the too ready*

disposition to consider whatever follows a cause as being the result of that cause.

Sometimes the cause of an event is perfectly obvious. If we see that a result or event has a single antecedent, we are sure that it is not the mere sequent of that antecedent, but its consequent. But if the event has several antecedents, we are obliged to observe with much attention and caution, in order to discover which of these antecedents is the cause of the event. We may find that one of these antecedents is the cause, or that two or more combine together to produce the result. Sometimes the antecedent, which at first appears to be the cause, is found, after a repetition of observations or experiments, to have no agency in producing the result, while another, which at the outset attracted little or no attention, is discovered to be its cause.

The above remarks apply to the investigation of all science, but especially to that of the science of medicine. There is commonly such a variety of antecedents of the results which come under the eye of the physician, particularly in the *practice* of medicine, that the nicest attention and the

most scrupulous caution are often required, in order to determine which of the antecedents are the causes of those results. When a remedy is given its effects are so mingled with the effects of other agencies, that there is a great liability to confound them together.

The principal of these agencies is what was called by Cullen the *vis medicatrix naturæ*, or the tendency there is in the system to remove disease and cure itself. And to this agency I shall chiefly confine my remarks.

This tendency in the system, the existence of which is equally recognized by the professional and the non-professional observer, has received a variety of names. It is the φύσις of Hippocrates, the *archeus* of Van Helmont, the *anima* of Stahl, and, as I have before said, the *vis medicatrix naturæ* of Cullen. It has given rise to many erroneous ideas, and doctrines, and theories. The doctrine of Hippocrates was that disease is a violent effort of nature for the benefit of the constitution to expel a morbific cause. And to this doctrine Sydenham, who has been sometimes called the English Hippocrates, gave his assent. This idea in regard

to the operation of the curative power of nature, it is curious to observe, was for the most part practically rejected by both of these eminent men at the bedside of the sick; for both made use of such active means as bleeding, emetics and purgatives, in counteracting some of the operations of disease. In regard to this doctrine of Hippocrates, I would simply remark, that while some of the operations resulting from the curative tendency of nature are so commingled with what may be strictly termed morbid actions, that it is difficult to distinguish them, yet the distinction may often be made, and the effort to do so is essential in the highest degree to the skillful and rational treatment of disease. Want of knowledge and skill on this point is continually leading physicians to thwart the salutary operations of nature, on the one hand, and to neglect, on the other, to modify or control the movements of disease.

The idea of Stahl was that the curative power of nature is an immaterial principle, added to matter, and thus imparting life to what is otherwise passive and inert. This principle, he taught, superintends all the operations of the body. It

resists the influence of all morbid causes, and when disease becomes actually fixed upon the system, it tends to remove it. I need not stop to expose the fallacy of this once popular theory.

Cullen's idea of the *vis medicatrix naturæ*, was, that it is a distinct power with which the system is endowed, and which is absolutely essential to its very constitution. The error of Cullen consists in going beyond the fact, and stating as a doctrine, that which is a mere conjecture. There is no proof that there is any such single distinct power as that of which he speaks. All that has as yet been proved is the bare fact, that there is in the system a tendency to spontaneous restoration in case of injury or disease; and this tendency may be, and probably is, the result of various powers combined, instead of one alone. That such a tendency exists is indisputable, and it is convenient to have a name for it, which shall not be regarded as explanatory of the nature or cause of the fact indicated, just as the term gravitation is merely expressive of a general fact, without regard to its nature or cause.

This tendency is the chief agency in most cases

in curing disease. Sometimes it is the only one; and very often it effects a cure in spite of the mistaken and officious interference of art. And yet quacks, and even physicians, and the public generally, are very prone to leave this agency out of view, and to attribute cures, as a matter of course, entirely to some favorite remedy which has been used. This disposition is the chief source of the popular medical errors of all classes of men, of all ages and countries.

I will cite a few examples in illustration.

Bishop Berkeley, who was justly regarded as one of the most learned and accomplished men of his time, suffered from a complaint in the latter part of his life, which he thought was very much relieved by tar water. And he soon came to the sage conclusion, that he had found in tar water the grand remedy for all disease. So certain was he of its efficacy from the results, which, as he thought, he had actually seen and experienced, that he wrote and published an essay on the subject, which is a great literary and scientific curiosity. It is entitled, "Siris, a Chain of Philosophical Reflections and Enquiries con-

cerning the Virtues of Tar Water." A second edition of this essay was issued in 1747. Five years after, he published another essay entitled, "Farther Thoughts on Tar Water," which was the last work that came from the pen of a man so gifted and excellent, that the well-known line of Pope—

"To Berkeley every Virtue under Heaven."

was considered to be strictly true by all who knew him.

The Bishop asserted that Tar Water was a cure for impurities of the blood, coughs, pleurisy, peripneumony, erysipelas, asthma, dyspepsia, cachexia, hysterics, dropsy, &c., of essential service in gout and fevers, and even a preventive of small pox. After mentioning its efficacy in fevers, he says, "I have had all this confirmed by my own experience in the late sickly season of the year one thousand seven hundred and forty-one, having had twenty-five fevers in my own family cured by this medicinal water drunk copiously." The Bishop's experience of the cure of twenty-five fevers in one season in his own family, re-

minds me of the experience of a young lady, who had six attacks of the cholera in one day. And such experience, I cannot avoid remarking, throws some light upon the large statistics, which are occasionally published by those who are anxious to prove some particular mode of practice to be preëminently successful.

It seems that there were some unbelievers in panaceas in those days as well as now, even in spite of the testimony of a learned Bishop; "but," he says in relation to their objections, "I appeal to time and experiment." And in anticipation of the final triumph of the Tar Water practice, he remarks, "Effects misinterpreted, cases wrong told, circumstances overlooked, perhaps, too, prejudices and partialities against truth, may for a time prevail and keep her at the bottom of the well, from whence, nevertheless, she emergeth sooner or later, and strikes the eyes of all who do not keep them shut." The well must be very deep, for though a century has elapsed, the truth has not yet emerged, which was to convince the world that Tar Water is the grand remedy for all disease.

A humorous pamphlet was published by a Mr. Reeve in regard to the Bishop's notions, entitled, "A Cure for the Epidemical Madness of Drinking Tar Water," in which he says, "Thus in your younger days, my Lord, you made the surprising discovery of the *unreality* of matter, and now in your riper age you have undertaken to prove the *reality* of a universal remedy. An attempt to talk men out of their reason, did of right belong to that author who at first tried to persuade them out of their senses." And so Dr. Holmes says of him, "He held two very odd opinions; that tar water was everything, and that the whole material universe was nothing."

Bishop Berkeley evidently forgot that there was such a thing as a curative tendency in the human system. All sick persons that drank Tar Water and recovered, were, he thought, cured by the Tar Water. This great philosopher made a trifling mistake, probably in most of the cases which came under his eye, in selecting the *antecedent* to which he should give the credit of the cure.

The Bishop at last died so suddenly that "there was not time enough," says Dr. Holmes, "to stir

up a quart of his panacea." It is surprising that so wise a man did not keep so sovereign a remedy, as he thought Tar Water to be, constantly on hand, so that if death threatened to take him off quickly, he might be ready to put in this sure *antecedent* of the desirable *sequent*, recovery, and thus deprive death of his victim.

We wonder that so wise a man as Bishop Berkeley was, did not know better than to think so much of Tar Water. But somehow he did not know better, and many learned men after him have not known better than to think too much of ridiculous things, even such ridiculous things as infinitesimal doses of such inert substances as charcoal and oyster shell. The history of medical delusions most copiously illustrates the truth, that folly is very far from being confined to fools.

That even preëminent wisdom and mental power fail, as in Berkeley's case, to save from folly in medicine, might be shown by many examples. But a few will suffice. Boyle, who has been called "the morning star of physical science," was exceedingly credulous in regard to specifics, and seriously speaks of the thigh bone of an executed

criminal as a cure for dysentery. Bacon, who by the force of his wisdom revolutionized the world of mind, was weak enough to attribute virtue to charms and amulets, and could not bring his mind to disbelieve the propriety of applying ointments to the weapons that made the wounds, instead of the wounds themselves. And Luther, who with such masterly wisdom and energy revolutionized the religious world, gave utterance to the following specimen of weakness and folly: "Experience has proved the toad to be endowed with valuable qualities. If you run a stick through *three* toads, and after having dried them in the sun apply them to any pestilent tumor they draw out all the poison, and the malady will disappear."

One of the most successful of medical delusions was broached by a physician in Connecticut. I refer to Perkins' Tractors. The Tractors were two pieces of metal, one appearing to be steel, and the other brass, about three inches in length and tapering to a point. Their efficacy, it was supposed by the inventor, and by the many learned men who endeavored to account on philosophical principles for the effects, which they were

almost universally believed to produce, depended upon the development of a galvanic fluid.

Dr. Perkins' discovery was promulgated in 1796. In two years the Tractors were introduced into England, and some other European countries. In eight years Perkinism, as it was called, was so triumphant, that a Perkinean institution was formed in London, with a large proportion of its members from among the ranks of the titled, the learned, and the reverend. The Tractors, which readily sold for five guineas a pair,* were under the auspices of this institution applied most benevolently to the sick and suffering poor. This society had its public dinners in honor of the grand discovery, and poetry even was laid under extensive contribution to sound its praises and diffuse its benefits. Thus runs the strain of one of the Perkinean poets:

> "See pointed metals, blest with power to appease
> The ruthless rage of merciless disease,
> O'er the frail part a subtle fluid pour,
> Drenched with invisible galvanic shower,
> Till the arthritic staff and crutch forego,
> And leap exulting like the bounding roe."

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* The Tractors were manufactured in a small village, near the author's place of residence, for *one shilling* a pair.

The Perkinean committee published from time to time their reports of the cures, which as early as 1802 were stated to number five thousand. Some of the certificates, many of which were from the highest sources, were of the most decisive and enthusiastic character. A divine, a professor in one of our New England colleges, thus wrote: "I have used the Tractors with success in several other cases in my own family, and although, like Naaman the Syrian, I cannot tell why the waters of Jordan should be better than Abana and Pharpar, rivers of Damascus; yet since experience has proved them to be so, no reasoning can change my opinion." Volumes of these certificates were published in succession, and Perkinism was proclaimed as the grand medical discovery of the age.

And yet, in seven years from the founding of the Perkinean institution, so changeable is the popular medical mind, the Tractors were spoken of as being almost forgotten; and at the present time it is almost impossible to find a pair of them as relics of a past folly, and if the offer should be made of the old price of five guineas, it would bring but a few of them to light.

Now the same error was committed by the believers in the Tractors which was made by Bishop Berkeley in regard to the Tar Water. They forgot that the curative power of nature is always at work removing disease, and that imagination sometimes renders essential assistance. They thought that all who got well after the application of the Tractors were cured by the Tractors, as Berkeley did that all who got well after swallowing Tar Water were cured by the Tar Water.

There were unbelievers in the days of Perkins, as there were in the days of Bishop Berkeley; and they were wicked enough to try experiments on their patients with Tractors made of wood, and painted so as to resemble the five guinea Tractors. They very impudently pretended to produce the same effects, and five of the patients of these mischievous doctors returned public thanks in church for their cures. In one of these cases of cure, effected by the wooden Tractors, the patient, Miss Ann Hill, after a little time exclaimed, "Bless me! why, who could have thought it, that them little things could pull the pain from one. Well,

to be sure, the longer one lives, the more one sees; ah, dear!" And if Miss Ann Hill had lived in this year of grace, 1850, she would have had her pain drawn out by the hands of a professor of animal magnetism, or psychology, as it is now called, instead of painted wooden Tractors.

The celebrity, which many of the almost numberless preventives of Hydrophobia have acquired and lost, illustrate most forcibly the error which we have under consideration. One of these preventives was reputed to be so successful, that the recipe for it was purchased by the State of New York in 1806 for one thousand dollars. The ingredients in this medicine were, an ounce of the jaw bone of a dog burned and pulverized, the false tongue of a newly-foaled colt dried and pulverized, and one scruple of verdigrise, raised from the surface of old copper by lying in moist earth—the coppers of George I. or II. being preferred as the most pure. The plant called the scull cap, was once a famous preventive of this disease. A rare stone, called the snake stone, has been supposed to have the power of extracting the poison of a wound, made either by a ve-

nomous serpent or a rabid dog, if it be only laid upon it.

The false reputation which these preventives have acquired, and for a time sustained, has its explanation in the fact, which has been satisfactorily ascertained, that without the use of any preventive, not more than one in twenty of those who are bitten by dogs reputed to be mad, is attacked with Hydrophobia. The error committed by those who have advocated the claims of these preventives has been in supposing, that those who took them and did not have the disease, of course escaped by means of the preventives; just as Bishop Berkeley supposed that those who took Tar Water and escaped death, escaped solely by the Tar Water.

The error under consideration is exemplified in many of the popular notions and practices in the treatment of wounds. The fact that an incised wound will ordinarily heal by a natural process, if it be accurately closed, whether this be done by bandage, suture, or adhesive plaster, is more generally understood now than it once was. The array of salves, therefore, has very much passed

away; but there is still some disposition to attribute remarkably healing virtues to certain substances. This error at one time gave way to another of a very singular character. Some inventive medical genius made a bold push in the line of discovery, and found that the ointments healed wounds much more rapidly if they were applied to the instruments by which the wounds were inflicted. This was undoubtedly a real improvement upon the prevalent mode of treating wounds at that time, for many of the ointments in common use were of such a character that they would irritate a wound, and therefore would retard its cure. It was much better, of course, that they should be applied to the instruments, where, at least, they would do no harm. It took time, however, to discover that the only benefit of thus applying them arose from keeping the wounds out of bad company; and this delusion, strange as it may seem, maintained its sway about as long as medical delusions are wont to do, and prevailed extensively in England and in other countries. And, though such things as powdered mummy, and human blood, and moss from the skull of a thief

hung in chains, were considered essential ingredients in the weapon ointments of that day, the practice was far from being confined to the ignorant, but learned men in great numbers believed in it, just as has been the case with all medical errors and fantasies down to the present time.

Fabricius Hildanus, the most noted surgeon of his time, gives particular directions for the composition and application of the weapon ointment, and records many reasons for its efficacy. But it is supposed that he understood the matter, and as it was at least an innocent delusion, he yielded to the popular whim, instead of combatting it, simply upon grounds of expediency. For he very quaintly refers the efficacy of the practice to the devil, who, he seems to think, requires certain mental conditions on the part of the patient before he will grant success to the application. The failure of the practice in the case of a very religious lady he accounts for by the absence of these requisites.

The error which I have been illustrating is carried to an extreme by the Homœopathist. He attributes palpable results to doses of medicine

which are so small that they cannot produce any perceptible effect except by miracle. Can it be seriously believed that a decillionth of a grain of charcoal, or oyster shell, or common salts will produce manifest effects in the system? And yet this is what Homœopathy asserts.

The experience upon which such assertions are based is acquired in a very singular way. A person takes one of these little doses, of oyster shell for example, the effects of which are said to last fifty days. All the symptoms which he has during that time are to be put down, if a record be kept of his case, as the effects of that oyster shell. Among the notes thus made will perhaps be the following: After dinner, disposition to sleep; the patient winks; tremor of the hands when occupied with fine, small work; the upper lip becomes cracked; phlegm is hawked out, chiefly in the morning; there is a voluptuous tickling on the sole of the foot after scratching; a little indolence, aversion to talk; joylessness and disinclination to labor; attacks of anxiety, especially at evening; inflammation and swelling of one-*half* of the nose; an itching, tickling sensation

at the *outer* edge of the *palm* of the *left* hand, which obliges the person to scratch; crooking of the fingers *when gaping*, and cramp in them at *midnight;* cool perspiration of the hands, frequently with a *cold point of the nose;* boring, grubbing tooth-ache, increased by mental exertion; thirst, with loathing of *water and beer;* anxious hesitation and disconsolateness with *reflections on death;* twitching in the cartilage of the ear, and pricking *behind* the ears; creeping in the *upper* lip and in the *point* of the nose; on awaking the *right* arm over the head; awakes with perspiration and heat at *three o'clock* in the morning; walks with a self-sufficient importance; when stepping out walking a sensation on the *back* of the foot as if the boot were too tight; the little toe aches as if hard pressed; burning near a *golden* ring on the *fore*-finger; drawing pain on the head when brushing the hair *backwards;* tightness in the *small* toe of the *left* foot, &c.

This is no caricature of the Homœopathic mode of recording cases. These are actual quotations from a standard work on Homœopathy, a closely printed octavo volume of 600 pages, purporting

to be an arranged collection of the observations of Homœopathic physicians, in regard to the operation of substances upon the system, both in health and disease. The most wild and fertile imagination, set loose from reason, to roam where it listeth, could not collect a more incongruous and ridiculous farrago, than is to be found in Jarh's Manual, under the guise of scientific observations of the effects of remedies. With the Homœopathist, the infinitesimal dose is everything; all else, even the universe with all its agencies great and small, is nothing. His favorite antecedent, though Allopaths may call it tiny, neutralizes, or swallows up, all other antecedents, by its magic "dynamic power."

You observe that the infinitesimal doses are proved to cure disease, precisely as Perkins' Tractors, the Weapon Ointment, and the Tar Water of Berkeley, were once proved to do it. The reasoning is this: A patient took a decillionth of a grain of oyster-shell three or four times a day; he got well; *therefore* the oyster-shell cured him.

Those who have witnessed the performances

of the noted juggler, Signor Blitz, will remember that he used often to say very sportively, "You see it is so and so; now I will put a little, just a little, of my powder on, and then you will see so and so." A child might think that he really did apply a magic powder, and that this was the cause of the wonderful results. But if any adult should so suppose, we should deem him very foolish; and yet, he would only commit the error which has been committed by the believers in Homœopathy, Perkins' Tractors, &c. The apparent application of the juggler's little powder is the antecedent of the result; just as the application of the Homœopaths little powder is the antecedent of the result over which he so much exults. And the juggler might, with quite as much reason as the Homœopath, call his little powder the *cause* of the result.

The error, of which I have given the above illustrations from the annals of quackery, has been committed, to a greater or less extent, by the medical profession, in regard to the supposed virtues of all the remedies which have acquired any measure of celebrity. To all of them, espe-

cially when first introduced to notice, have multitudes of cures been attributed, which were, in part or wholly, effected by other agencies, and chiefly by that one which is always at work—the curative power inherent in the system itself.

Just at the conclusion of the last century, the enthusiastic Beddoes conceived that much might be done in the treatment of disease, by the respiration of certain gases. A trial of the practice satisfied him at once that he was right in his views. He went into it, therefore, with great zeal; and in one of the journals of the day I find a narrative of sixty-nine cases, and many of them formidable ones, cured by the respiration of these gases. The practice of Pneumatic Medicine, as it was called, became for a time very prevalent; but, in a few years it was abandoned, and has never, I believe, been really revived. The reason of this is, simply, that observation demonstrated that the cures were imputed to the wrong antecedent, just as was done in the case of the Tar Water, the Weapon Ointment, Perkins' Tractors, &c., and just as is now done in relation to the infinitesimal doses of the Homœopath.

While many remedies, once potent to cure in the public estimation, have, like Beddoes' gases, been wholly discarded, others, which have more real merit, while they have lost the extravagant reputation of their nascent state, have, under the watchful eye of experience, gradually obtained very nearly their right valuation, and the circumstances which should regulate their use have been ascertained with considerable accuracy. Others, in great numbers, are now going through this searching process; and others still are just now wearing the brilliant honors of an enthusiastic reception.

Substantially the same remarks might be made in regard to the various *systems* of practice, which have successively had their seasons of popularity. These, like remedies, have had their merits tested by a continued experience with various results. While some, which acquired at the first a splendid and almost a world-wide fame, were at length rejected as utterly worthless; others, which at their rise met with perhaps a less enthusiastic welcome, though as systems they have perished, have, under the processes of a searching and patient ob-

servation, yielded up whatever of value there was in them, to be deposited among the permanent stores of our science.

I have confined my remarks to a single one of the agencies which are brought to bear upon the cure of disease. It would be profitable to look at the effects of another agency, viz: mental influence, and see how common it is to confound them with the effects of medicine, but my limits will allow only a bare allusion to them.

The effects of mental influence in the cure of disease, may be seen both in individuals and in communities.

When the empiric succeeds, as he sometimes with his bold assurances may chance to do, in suddenly raising an invalid from his bed, though science and skill have failed to do it, he commits the same error that Berkeley and Perkins did in the choice of the antecedent as the cause of the result, when he attributes it to some medicine, or to a magnetic fluid which is said to stream from his magic fingers. With as much reason might we refer the apparent cure to the fire that burned the house of an invalid, who in his sudden alarm

found that he had need no longer to be bed-ridden, though he had been so for years, and ran unassisted to another house in the neighborhood. So when the celebrated John Wesley was "more disposed to attribute his cure to a brown paper plaster of egg and brimstone, than to Dr. Fothergill's salutary prescription of country air, rest, ass's milk, and horse exercise,"* he perpetrated the very error which lies at the foundation of almost all the quackery in the world. "The resuscitating influence of four months' repose from his apostolic labors," was, as is the case with many clerical invalids of the present day, the *antecedent*, which was the chief *cause* of the cure.

Mental influence explains many of the cures which have been ascribed to charms and amulets and incantations. The same may be said of the cures performed by the *royal touch*. This practice was followed by all the kings of England, from Edward the Conqueror to Queen Anne, with the exception of William III. who rejected the folly. So general was the belief in it, that Charles

* Paris Pharmacologia.

II. touched nearly a hundred thousand persons in the course of twelve years. Mental influence, too, explains the manifest diminution of sickness which was so often seen to follow the driving a nail into the wall of the temple of Jupiter among the Romans in time of pestilence. The solemn pomp with which a dictator was chosen for this specific purpose, and the ceremony attending the performance of the act, were well calculated to inspire confidence in the minds of the superstitious people. It was the calm, cheerful, hopeful state of feeling, thus diffused over the community, that produced the result, though the people referred it to the appeasing influence which this public act was supposed to exert upon an offended deity.

I pass now to consider another element or cause of medical delusions, viz: *the disposition to adopt exclusive views and notions.* This disposition, when it is very strongly developed, gives to its possessor the character of a *one idea man,* as it is expressed. The errors of doctrine and practice which it has generated in medicine present a motley variety.

The way in which this disposition leads to error

is this. A physician has his attention directed to a particular set of facts. He becomes intensely interested in them. They fill the field of his mental vision, and he becomes in a measure blind to other facts. He now not only gives to his favorite facts an undue importance, but his imagination invests them with hues that do not belong to them. Not only does he see but few things, but even those which he does see he does not see aright; and he soon comes to see so incorrectly, that mere shadows are accounted material substances.

This is true of any subject or science. In theology, for example, one's mind becomes interested in the prophecies. If he be not on his guard, his special attention to these subjects will derange his mental vision. His mind will be filled, to the exclusion of everything else, with times and seasons, and visions of beasts with and without horns, and seals, and signs, and trumpets, and thunderings, and voices. All difficulties vanish, because he has a facile way of excluding them from view, and imagination fills up all gaps of evidence. His mind distinctly sees all periods, and clearly dis-

cerns the signs of the times, and fixes by accurate calculation upon the last hour of the world.

So it is in medicine. The physician who narrows his view down to a certain set of facts, is in danger of becoming enamored of them. And if he does, he is straightway in the fogs and mists of error. He forsakes the practical for a fruitless will o' the wisp pursuit of the ideal, all the while believing that he has found vast mines of truth, and very confident that his search is to be still more abundantly rewarded. If his attention has been especially drawn to the state of the fluids of the body, the condition of the blood is the all in all with him in investigating the various ailments of the system. He is a *Humoral Pathologist*. Or, if his mind has been chiefly occupied with the diseased actions and conditions of different organs, then with him the state of the blood is wholly a secondary matter—almost as nothing—while the condition of the extreme vessels in the solid parts is everything. He is what is termed a *Solidist*. Or, if the nervous phenomena of disease have filled the field of his mental vision, he refers "all

the ills that flesh is heir to" to modifications of the vital principle. He is a *Vitalist*.

Perhaps the physician's attention has been directed to the ailments of a particular organ. Then that organ is apt to become to him *the* organ of all organs in the play of disease. The liver has been quite a favorite organ with some; and the brain of many a doctor has been as full of liver as Miller's was of the end of the world.

It is often said that when an epidemic disease prevails, it is apt to swallow up other maladies, or convert them to itself. Some physicians always have some prevailing disease in their heads, this year this, and another year that, which exhibits some of this converting power. It is amusing to observe how many more cases they will have than their brethren do of their favorite diseases. They have an extraordinary faculty of seeing and hearing and feeling what ordinary eyes and ears and fingers cannot see and hear and feel. Their *numerous* cases add wonderfully to their stock of experience in the treatment of the particular disease just then in the ascendant in their mental horizon. Such experience gives rise to the large

statements which are sometimes made by some physicians, and which not very seldom grace the pages of medical journals.

Perhaps the physician's attention has been too much drawn to some one mode of investigating disease. This error, for example, has been very frequently committed in regard to auscultation. With some the evidence derived from this source is very nearly all in all in diseases of the lungs. They, therefore, place altogether too light an estimate upon other sources of evidence. They neglect to observe properly the general condition of the patient, and the influence of those complications of disease which so often attend pulmonary complaints. They therefore often err in their prognosis, and what is of more importance, they err in their treatment.

A mode of investigating disease, very popular just now, is, I am persuaded, leading many into error. I refer to what is called the *numerical* mode of observation. It is a very good mode where it is applicable; but those who are particularly fond of it err as to the extent of its applicability. So large a portion of the facts in Therapeutics and

Semiology are so incapable of being numerically estimated and represented, that any attempt to exalt the numerical mode of observation above the mode in common use must lead to error. There are quantitative, qualitative and relative values in facts, especially Therapeutical facts, which the numerical mode of observation leaves entirely out of view.

I will not dwell on this subject as I shall recur to it again in another connection.

Another source of medical delusions, very closely allied to the one just noticed, is the *disposition to run to extremes*—a disposition which has always been very prevalent in regard to all subjects.

Almost numberless illustrations of this disposition may be gathered from the history of medicine, as well as from that of quackery. One or two will suffice.

An attack upon any doctrine or theory is the more apt to be successful, if some doctrine or theory of a totally opposite character, be proposed in its place. Indeed this has very generally been the process by which a change of doctrines and theories has been effected. For example, Stahl,

when he attacked the system which had been, up to his time, for twenty centuries, the medical system of the world, the Humoral Pathology, took a wide leap over to the other extreme, and attributed all the operations of the human system to the agency of an immaterial principle, which he called the *anima*. In rejecting the *grossly* material ideas of the Humoralists, he went so far as to impute to life and to disease, almost, if not wholly, a spiritual existence.

This disposition to go to extremes is often exemplified in the war between opposing modes and systems of practice. Each party has its favorite measures and remedies, which they claim to be preëminently appropriate and successful; while they condemn those of the opposing party, as being utterly inappropriate and largely destructive of human life. As an example, I cite the contest, which some twenty years ago was carried on in New England between two parties of medical men, at the head of one of which was Dr. Gallup, and at the head of the other were Drs. Miner and Tully. Dr. Gallup contended, that the general character of diseases, since the present century

had come in, had been sthenic or inflammatory, and bleeding was his grand remedy; while Drs. Miner and Tully asserted that this general character was essentially asthenic, and they relied very largely upon opium and brandy in the treatment of disease. Dr. Gallup speaks of the practice of the asthenic party as "incendiary treatment," and says that "it is probable that for forty years past, opium and its preparations have done seven times the injury they have rendered benefit, on the great scale of the world." Dr. Tully, in behalf of the sthenics, goes to the other extreme, and says, that "the lancet is a weapon which annually slays more than the sword," and that "the King of Great Britain, without doubt, loses every year more subjects by these means"—depleting measures—"than the battle and campaign of Waterloo cost him with all their glories." And his friend, Dr. Miner, says of these measures that "they have been the scourge and devastation of the human race for more than two thousand years." If while this contest between the sthenics and the asthenics was going on so sharply, any one hinted that both parties were wrong, and that

both classes of remedies ought to be used according to the various and varying conditions of the individual cases, the combatants looked upon him as stupidly moderate in his views, and the expression of them was anything but popular, so strong is the propensity to run to extremes in the medical profession, as well as in the community at large.

In this connection it will be proper to notice the disposition to overstate the truth on the part of many writers on medical subjects. This disposition, which is so prevalent in the common literature of the present day, has shown itself occasionally in medical literature. And it has fostered some of the errors and delusions which are abroad in the community. For example, the disposition to undervalue medicine as a science, and to regard its accumulated experience as worthless, has been encouraged by the unguarded overstatements, which have been made by some physicians in relation to the uncertainty of medicine, and the errors of medical men. The fondness for running into extremes, so common in the human mind in regard to all subjects, has betrayed them

into a gross caricature of the truth, which may be, and often is, as injurious as absolute falsehood, if it be not equivalent to it.

Popular prejudices against certain remedies or measures have been much increased by unguarded and sweeping remarks on the part of physicians. The statements, so wide from the truth, which the abuse of calomel, especially in the southern and western parts of this country, has led some medical men to make, have ministered to the popular prejudice against this remedy. And these over-statements are promulgated far and wide by quacks, and by the sellers of nostrums said to be wholly vegetable.

Another source of medical delusions is to be found in *the disposition to theorize, instead of encountering the labor of strict observation.*

It is well to seek for the reason of a fact; but if that reason is not discovered, it is not well to suppose a reason, and then decide that this supposed reason is the true one. But theories are made up of such supposed reasons, and therefore should never be ranked with facts and principles, (that is, general facts,) as they often have been.

This confounding of theories with facts and principles has ever been a prolific source of error and delusion in medicine.

The human mind has ever shown a great fondness for theory, both in the learned and the unlearned. There are three reasons for this fondness. First: The idea that you can look behind results, and see the secret operations which produce them, is very gratifying to the pride of reason. Secondly: To do this, ministers also to curiosity, a principle so strong in our nature, that it is, according to some, the avenue through which sin was introduced into our race. Thirdly: It is easier to theorize, that is, to suppose, than it is to discover and prove. Most men, therefore, choose to suppose, and then call their suppositions by the dignified names of theories, or doctrines, or principles. Nothing is more common than to ask, when anything is stated to be a fact, what is the reason of it, before it is really proved to be a fact. And nothing is more common also than to discover, after many minds have been very busy in giving wise reasons for a supposed fact, that it is no fact at all. Thus, after learned professors in

this and other countries had taxed their ingenuity to show why Perkins' Tractors cured disease, it was found that it was not a fact that they did cure disease.

The disposition to theorize, and the disposition to adopt exclusive views and notions before remarked upon, have together given rise to the multitude of theories, modes and systems, which have encumbered and retarded medical science. These are all wrong, and should be discarded as worse than useless.

Let me not be understood to mean, that those who framed these theories and systems, have added nothing to the store of medical science and experience. Some of them have indeed made copious additions to the discovered facts and principles of our science; but they have done so, let it be remembered, *only just so far as they have escaped from the domination of theory.*

The history of medicine is rich in instruction on this point. It would be interesting, if my limits would permit, to remark upon all the most prominent medical men of different eras, and show that those who were the least influenced by

theory in observing the phenomena of the human system, have made the largest additions to our knowledge, and have most extended the boundaries of our science. For example, while Stahl, the bold and fanciful theorizer, who, in attacking the Humoral Pathology, introduced his theory of the *anima*, and made everything to conform to it, is now known to us only as the author of that once celebrated theory: Sydenham, the careful observer, though, in obedience to the fashion of the times, and the venerated authority of antiquity, he advanced some hypotheses, is known to us almost entirely by his accurate observations of disease, and of the influence of remedies, and is deservedly regarded by the medical world as the English Hippocrates. And while Sydenham stands forth in such strong contrast with Stahl, there were other great minds in that era of medicine, who to some extent illustrate the same truth. Hoffman being a less exclusive theorizer than Stahl, was a better observer of the phenomena of life and disease; and Boerhaave, who was still less exclusive, will ever be regarded as a

more sagacious and correct practitioner than either.

If we come down nearer to our own times, we find a difference between Brown and Cullen similar to that which existed between Stahl and Sydenham. Brown, adopting, like Stahl, a single idea as the great central point of his system, showed himself ever in practice, as in closet speculation, a theorist, and a theorist only; and he will always be thus regarded by medical men. But Cullen, though he theorized, seldom suffered his hypotheses to interfere practically with his observation, and he is now thought of, not merely as the ingenious theorizer, but chiefly as the accurate delineator of the phenomena of disease; and large were the contributions which in this capacity he made to our science, and wide and lasting has been his influence upon the character and attainments of our profession.

And here I cannot avoid remarking that, at the period when Cullen and Brown flourished, there was one man who seems far to have outstripped his cotemporaries in his escape from the dominion of theory, and who, though he never

practiced medicine, at least to any extent, made large contributions to medical science. I refer to Haller, who has been appropriately called the father of modern physiology. Amid all his minute and elaborate investigations, he appears almost always to have a just idea of the worthlessness of mere hypothesis, and preserves with great exactness and uniformity the line of separation between the known and the supposed. As we look along the line of prominent men in our profession, from Hippocrates downward, Haller is the first that we discover, whose energies were devoted to medical science without the encumbrance of a favorite theory. He stands out in this respect as the bright particular star in the galaxy of the past.

It is both interesting and instructive to observe how a great mind that has encumbered itself with some theory, every now and then lays aside its burden, to labor without hindrance in bringing forth to light treasures from the mines of truth. We see this in the venerated Hippocrates, the father of medicine. Though there is much that is palpably hypothetical in his writings, yet as an observer and curer of disease, he, to a great de-

gree, acted independently of hypothesis, and his sagacious observations upon the *juvantia* and *lædentia* form to this day a large part of the basis of practical medicine. All his excellence resulted from *observation*. Here was his dependence; and he never gave utterance to the precept which has been found in his works, that "when observation failed, reason might suffice." This heresy in medicine, which has ruled so widely, and so disadvantageously to our science, was an interpolation on the pages of the Coan sage, and strange to say, it was placed there by those of his own household.

Let me not be understood to mean that the advocacy of theories has been wholly useless. While it is true that if the talent and energy which have been expended upon theories, had been devoted to the rigid observation of facts alone, our science would have been far in advance of its present position; yet it is also true, that the advocates of almost every theory, have, in sustaining it, and in attacking other opposing theories, demolished many errors, and have developed many facts which are invaluable treasures

in the recorded experience of the profession. Stahl, fanciful as his theory of the *anima* is, not only removed much of the error with which the Humoral Pathology had encumbered medical science, but, in endeavoring to establish his own doctrines, he brought to light many facts in regard to the operation of the nervous system. These facts, more correct and observant minds, like Haller's, afterwards separated from the rubbish of hypothesis, and arranged with other facts upon truly philosophical principles of observation. The light which the genius of Stahl threw upon the phenomena of the nervous system was brilliant, but uncertain, distorting to a greater or less degree every object; but it did a good work of preparation for the ushering in of the clearer and more steady light of Haller, and of those who succeeded him.

Theories have often been the means of directing attention to classes of facts which had before been for the most part overlooked. Broussais, for example, with all the harm which he did in promulgating his theory, conferred a real benefit upon medicine, by directing the attention of physicians

more particularly to the condition of the digestive organs in fever.

Much has been said of late of the theory of Hahnemann. It is spoken of in non-professional circles as if it were to take rank with other theories of medical men, or even above them. But it is obviously different in most respects from all theories which have been in vogue at any time in the medical profession. It bears no resemblance to them in the development of the phenomena of life and of disease, or in the illustration of principles by a rational generalization of facts. In these respects Hahnemann differs from all theorizers before him, even from the most erratic and fanciful, such as are Stahl and Brown. For if Hahnemannism be true, then all the past recorded experience of physicians from time immemorial is to be thrown away with all past theories, except a few passages here and there, which may possibly be strained into a recognition of Hahnemann's doctrine of *similia similibus curantur*. But neither Stahl nor Brown discarded the past, but took what the observation of their predecessors had gathered, and framed a theory which they suppos-

ed explained it all. They used in part the old materials on hand, and only re-constructed them in a new form. But Hahnemann esteems all the old materials good for nothing but to be burned, and boldly proposes, instead of a re-construction, a new creation. They claimed only to effect a revolution, a change, in medical science. But Hahnemann boasts that he has annihilated all that has been considered medical science up to this hour, and *that Hahnemannism, and Hahnemannism alone, is medicine.*

And he is sustained in his extravagant, (may I not say *impudent ?*) pretensions by his followers, both professional and non-professional. They almost uniformly claim for him even a higher rank than that of a talented theorizer. They claim for him the rank of a discoverer. And this is not all. They place him upon a pinnacle exalted far above all other discoverers. They award to him the credit, which he so coolly assumes, of having *blotted out* by his grand discovery all the Therapeutics which the learning and experience of all past ages have accumulated. They do indeed allow with him, that there are to be found in the

writings of medical men some occasional faint foreshadowings of the discovery with which he was destined to bless the world. For him, however, was reserved the honor, the glory, of establishing, as the basis of all Therapeutics, a principle, which none of all the physicians the world has ever seen, from Hippocrates downward, ever had acuteness enough to discern distinctly, though they stumbled over it time and again!

While all other theorizers have added something to the stock of medical knowledge and experience, Hahnemann has literally added nothing. His very *mode* of observation, to which I have before alluded, forbids any such additions. It establishes nothing. It leads to error, and to error only. It accumulates a vast and incongruous medley, the great mass of which is irrelevant, while that which is relevant is small, almost Homœopathically small, in amount, and even that is valueless because it cannot be separated from the rest.*

* Observation on strictly Homœopathic principles has literally no relevancy; for the effects of infinitesimally small doses are so infinitesimally small that they are utterly inappreciable. It is

Theories have given rise to the numberless modes and systems of practice in medicine. All of these are wrong, and should be discarded as worse than useless, even the best of them. There is error, gross error, in every *mode* of practice, because it necessarily excludes valuable facts. The only proper mode of practice, if it can be termed a *mode*, is the eclectic, which simply takes facts from whatever quarter they may come, whether they belong to any system or not, and uses them in the cure of disease.

I wish to be distinctly understood on this point. I have not said that there is no truth in any of the modes, or systems, which have prevailed. There is some truth in most of them, not to say all. And the true eclectic will sift out from them whatever of truth he may find, and use it, whether they have had a professional or a non-profes-

only when Homœopathists forsake their principles, as all of them, even to Hahnemann, sometimes do, and give Allopathic doses, that they have anything relevant in their records of the effects of remedies. But even then, it is impossible to pick out what is relevant from the profusion of shapeless rubbish which is gathered by their indiscriminate mode of observation.

sional origin. There is some truth in Hydropathy; some, a little, in Thompsonianism; some in Calomelism, as it may be termed, for calomel is used by some in somewhat the same exclusive way as water is by the Hydropath, and lobelia and red pepper and steam, are by the Thompsonian. Of Homœopathy, popular as it is among the refined, the learned and the wealthy, I must make an exception. There is absolutely no truth in this system. In this mode of practice, if followed out in good faith, there is nothing done, though there is a show of doing much.

Though there is some truth in almost every system or mode, there is no one, however good it may be, which contains anything more than a small portion of the truth. And it is folly for any man to shut himself within such narrow limits, while so much truth lies outside of them. But this is not all. Every exclusive system not only does not embrace all the truth, but also embraces much error. It is positively as well as negatively bad.

Every exclusive mode or system, therefore, whether it is rude and unlearned, or is decked

with all the display of genius and erudition, deserves to be regarded, to a greater or less degree, as a delusion. And well is it for the science of medicine that physicians are rapidly coming to this view of the subject.

A fondness for éclat has had much to do with the production of the various modes and systems and theories of medical men. It is gratifying to the pride of men to have their names connected with something new, which will attract the gaze and admiration of the world. And the gratification is enhanced, if they can persuade themselves, as they ordinarily do, that they are the discoverers of something which is of great value in the cause of science and humanity. But numerous as may be the followers of the promulgator of a new theory or system, and loud and enthusiastic as may be the praise bestowed upon him, a few years suffice to dissolve the illusion; and the historian of medical science, so far from placing him in the noble ranks of discoverers, speaks of his system as one of the past errors, perhaps follies, which have retarded rather than advanced the progress of discovery in medicine.

There is something intoxicating in the éclat which attends the career of the originator of a new theory or system. The enthusiasm of his adherents, and the excitement of the contest which is waged by them with their opponents, awaken in his mind feelings which are quite in contrast with the contented, easy satisfaction of the real discoverer. Jenner and Harvey saw their discoveries gradually received by the whole profession and by the world, with a pleasure which was indeed of an exalted character, but it was the quiet pleasure of a calm confidence, which was neither ruffled by temporary opposition, nor exhilarated into intoxication by transient bursts of applause. But the founders of theories and systems, when they are successful in obtaining the popular belief and favor, are generally filled with enthusiastic, sometimes even arrogant, but always *uneasy* self-confidence, and while praise excites, almost inflames, opposition is met by a most unbecoming fretfulness, and an imperious dogmatism. When at the height of their prosperity, they indulge in somewhat of the same feeling as that which prompted Paracelsus to say, the mon-

archy of Physic is mine, or led Thessalus to proclaim himself the ιατρονικες, the conqueror of physicians.

I pass now to the consideration of another source of medical delusions, *the popular disposition to fashion in diseases and in their remedies.*

Fashion is far from confining herself to shaping the vestments of beauty, and regulating the modes in which she shall display her charms. She even goes so far as to prescribe the disease under which she shall sigh and languish, and point to the remedies which shall restore to her the blooming hues of health. And her sway over diseases and their remedies is not limited to the softer sex. But men, who despise the morbid fancies of the invalid as effeminate, and consider nerves as womanish things—wise and grave men, who reason profoundly about their own ailments and those of their friends and neighbors, submit themselves without hesitation to her sway. Even the man who casts contempt upon her authority in regard to modes and customs and garments, bows to her supremacy in medicine—even he, if he becomes an invalid, is apt to have

the disease, use the remedy, and apply to the doctor, which are just then in the fashion. And clergymen, though they warn their hearers very properly, that "the fashion of this world passeth away," and teach them to disobey her edicts, and generally practice what they preach, are yet, many of them, exceedingly fashionable in their diseases and remedies and doctors. A few years ago dyspepsia was the fashionable malady of the clergy. Now there is almost none of it, but all the disease has gone into their throats. The fashion of dyspepsia has passed away, according to the Scripture, and that of bronchitis, so called, has taken its place.

Now it cannot be that this apparent change is a real one—that all the invalids among the clergy had diseased stomachs then, and that now their stomachs are well, and their throats are taking their turn. How is it then? The answer to this question is an easy one.

In the man who has become worn down by study and care and anxiety, there is a general state of disease in the system—an *invalid condition*, as it may be termed. Growing out of this gene-

ral condition there will be some local complaints. Of these, that one to which the attention of the patient is most directed will be apt to be the worst, and will appear to him to be *the* disease under which he is laboring, and therefore the point at which the artillery of medicine must be aimed. Dr. Holland even goes so far as to say, "that if persons are always supposing that they are liable to a certain distemper, the nerves will so act upon the part that it is very likely to come upon them." Though Dr. Holland may be thought to speak too strongly, it is certain that directing the attention unduly to the sensations of a part will aggravate an ailment in that part, even if it be not competent to create it there.

In relation to the case of the invalid clergyman, I will suppose that he has disease both in his throat and in his stomach. If now he were in the *first* quarter of this century, when dyspepsia was all the fashion, his stomach would occupy all his attention, and his throat would hardly be thought of, for bronchitis, as it is called, was an unknown malady then. But if he were in the *second* quarter of this century the disease in his throat would

be the subject of his daily and nightly meditations, and he would not think of his stomach, for dyspepsia is almost a forgotten disease now. In either case he recovers at length, and his recovery he attributes to dyspeptic pills, if he thought chiefly of his stomach, and to swabbing with nitrate of silver, and cutting off the palate, &c., if he thought chiefly of his throat. Let me be understood. Nitrate of silver is sometimes applicable to diseases of the throat, and dyspeptic pills to diseases of the stomach. Still, the *extent* of their applicability has been much overrated, and relaxation, and change of air and scene, and diversion of mind, have had the chief agency in curing the majority of cases of throat disease and dyspepsia, because they have remedied the general condition of system from which these local complaints have very commonly arisen.

But some one perhaps will say, that 'though fashion may regulate the use of comparatively inert remedies, it is folly to talk about its regulating the use of so powerful an article as nitrate of silver. For this must either do good or harm, and, therefore, if a throat gets well under its use, it is

clear that it cured the disease, and if it were not applicable to the case it would very much aggravate it.' But it must be remembered that it is used in solutions of different degrees of strength; and even when it is very strong, though it may be inappropriate to the case, it is generally prevented from doing any great harm by the exudation which it provokes upon the surface of the mucous membrane, immediately shielding the part from its corrosive influence. Many a throat has been cured in spite of the nitrate of silver, even when this remedy has had all the credit of the cure.*

Fashion then bears sway, to some extent, over all classes in relation to medicine. She makes one disease popular at one time, and another at another. And so also of remedies. She prescribes, too, the particular shrine in the temple of Æsculapius at which the invalid must pay his devotions, for there are fashionable physicians as well as diseases and remedies. So simple a thing as clip-

* The same remarks substantially may be made in regard to the application of this remedy to another quarter of the body, which is just now very fashionable.

ping the palate or swabbing the throat, can be done for some only by the doctor who is just now in fashion, albeit the fee is a large one; and it is better still if a pilgrimage to some city be necessary in order to find him.

But fashion rules in medicine not only among the people, but to no inconsiderable extent among physicians also. And though it is partly, it is not wholly, because physicians are the servants of a capricious and fashion-loving public. Fashions in Physic are often strictly professional in their origin and character. There are local fashions, and there are fashions of different eras in medicine. Some fashions have been very short-lived, and some have been very abiding. Illustrations might be given in abundance, but it is not necessary.

Another source of medical delusions is *a fondness for giving to disease a local habitation and a name.* This disposition is very prevalent even among physicians. It is so satisfactory to obtain definite ideas of diseases, that the physician, if he be not on his guard, is apt to determine the seat and form of a malady upon too slight evidence. And this disposition is fostered in the profession

by the same disposition prevailing to a much greater degree in the community at large. The most common inquiries which are put to the physician in relation to the sick are, where is the disease, and what do you call it. And if he does not locate it definitely in some organ, and give it a name, there is generally dissatisfaction. And most people are better satisfied with a name which is entirely unintelligible to them than with no name at all.

This disposition in the public has given to quite a large portion of the medical profession the habit of using technical terms in their intercourse with their patients. And some, in their aim to be popular, carry this habit to an extreme, and always call pain in the stomach gastrodynia, inflammation of the lungs peripneumonia, raising of blood hæmoptysis, &c.; and if they have a patient who complains of a ball in her throat, they tell her that it is the globus hystericus, pronouncing the last word hyster-*i*-cus, so that it may not sound too much like the plain English word hysteric.

The empiric understands the popular fondness

for names, and therefore gives a high-sounding name to his medicine. The founders of systems understand it, and hence we have such large but classic names as Hydropathy, Homœopathy, Chrono-Thermalism, Psychology, &c. And as variety is pleasing, names are sometimes changed. Hence the names Mesmerism, Animal Magnetism, Pathetism, Electro-Biology, and Psychology successively applied to essentially the same thing.

What's then in a name? Much every way, if the popular ear is to be caught, and éclat and profit are to be won.

The last source of medical delusions which I shall mention is *the disposition to rely upon loose analogies in the search for truth.*

Many unfounded popular notions come from this source. The idea that rubbing down will carry off disease while rubbing up will not, the notion that codfish water will strengthen a weak back only when it is made from a strip of the skin taken from the whole length of the fish, the idea that the powder of the jaw bone of a dog is an essential ingredient of a preventive of Hydrophobia, and the common proverb that the hair of a

dog will cure his bite, are examples of the use which is made of loose analogies.

Analogies are sometimes of the most remote and fanciful character. As an example, I refer to the notions which prevailed in regard to the *Philosopher's stone,* in the days when multitudes of alchemists all over Europe were searching in their laboratories for this wonder-working agent. They supposed it to be endowed not only with the power of transmuting the baser metals into gold, but also the higher power of curing and preventing disease, and prolonging indefinitely the period of human existence. What connexion there can be between a metal-changing agency and a health-giving one, it is difficult to conceive; but the analogy was never questioned by any of the multitudes of alchemists, as they worked night and day so earnestly and patiently over their crucibles, nor by the people, who were eager to welcome with plaudits the fortunate one who should make the grand discovery.

The Homœopathist makes use of some loose analogies in defending his system. The extreme divisibility of matter in the diffusion of odors is often

thus used. But the pretended analogy does not touch the point at issue, unless it can be proved that an infinitesimal amount of any substance, musk for example, can be made to emit a stronger odor than a large quantity of it. So also the effects of electricity are appealed to. But to make the analogy worth anything, it must be shown that a quantity of electricity so small as to be inappreciable by the most delicate test, produces more effect than any quantity so large, that the signs of its presence are clearly perceptible.

The cause of delusions under consideration operates in the community much more extensively than it does among physicians. For the habits of mind, which the pursuit of science creates, lead the medical man ordinarily to detect the fallacy of mere analogies. But this is not always so. Loose analogies have sometimes led physicians themselves astray, especially when the mental vision has become obscured by an overweening fondness for theory. Thus Dr. Rush, in obedience to his favorite idea of the unity of disease, endeavors to make out nineteen points of analogy between the symptoms of fever and those of con-

vulsions in the nervous system. They are so exceedingly fanciful that it is a subject of wonder that so great a mind could have indulged in such vagaries.

The view that we have taken of the errors and delusions which have prevailed in medicine, and of their common causes or elements, furnishes us with many lessons, which may essentially aid us in our endeavors to arrive at truth unmixed with error. In the present advanced condition of our science we stand on a vantage ground unknown to our predecessors, not merely in regard to the amount of facts discovered, and the extent of the principles established by the wisdom of the past, but also in relation to the great variety of error, which this same wisdom has embraced, and at the same time so thoroughly exposed to our view. The errors of wise men are always full of instruction. While we observe in what way they were led into them, we may learn how to avoid errors which may be similar in character, though perhaps differing in form and attending circumstances. And the avoidance of error, let it ever be remem-

bered, is quite as essential to the advancement of science as is the ascertainment of truth.

In looking back upon the mistakes and the delusions of the past, there are some plain principles which should guide us in learning the lessons which they teach. And yet obvious as these principles are, they are to a great extent disregarded by the community, and to some extent even by the medical profession.

When men have once been deceived in regard to evidence that has been presented to them, they have a right to look with suspicion on similar evidence, whenever it is again offered in proof of any alleged fact. And while they are apt to do so on all ordinary subjects, they seem disposed to be peculiarly careless and credulous on the subject of medicine, though in the investigation of it there is especial need of caution in order to arrive at the exact truth and avoid all error. Accordingly there has been a constant succession of popular medical delusions from time immemorial. And each of these has had its rise, its acme, and its decline. It may be said of each, not only that the wonder grew, but that after a time it ceased

to grow, and at length died—died, not by violent hands, for no delusion, however fiercely it may have been attacked, was ever killed. Each, after having withstood all assaults, has laid itself down to die in the most quiet manner, benumbed into the sleep of death by the chill of popular neglect, while the warm breezes of popular favor which it once enjoyed are now bestowed upon some other delusion.

However clear may be the proof that a delusion is a delusion, and however decisive may be its rejection by the community, the delusion which succeeds it has ordinarily quite as strong a hold upon the popular belief, as had its predecessor. The wise public, though it has discovered that the evidence which it had deemed so conclusive in favor of its great cure was all false, as readily adopts another great cure, whose claims are based upon precisely similar evidence. The present generation laugh at the follies of the past, but have quite as great follies of their own, and follies, too, of a similar character, and the products of the same fundamental errors. Nay more. The same generation is seen continually renoun-

cing one folly only to embrace another. There is a constant demand for change. The Pathy of yesterday cannot be the Pathy of to-day. The Sarsaparilla that yesterday cured all manner of disease, even the maladies of those who, like the woman in the gospel, had "suffered many things of many physicians," and were "nothing bettered, but rather grew worse," is good for nothing to-day, for a *new* preparation is now in the ascendant. Swaim, and Bristol, and Sands, once so potent to cure, are gone; and now old and young Townsend are striving for the mastery, but both must to-morrow yield to new aspirants for fame and money. In this world of change what multitudes of panaceas and systems have gone and are going to the tomb of the Capulets! A very capacious tomb it is; but it could not hold all its tenants, if some were not continually resuscitated to appear again on the stage, for most of the new medicines and systems are really old acquaintances in a new guise and with a new name.

"Prove all things; hold fast that which is good," is a precept which is as applicable to medicine as it is to morals and religion. But it is one which

neither the community nor even the medical profession seem much inclined to obey. "Prove nothing; hold fast that which is *new*," is the precept which is most apt to be obeyed. And what is new is held fast to as if the grasp would never relax, *but only so long as it is new*. Whether it be good or bad it is given up in a twinkling the moment that anything *more new* attracts the public gaze.

But while we should avoid this ready and prurient credulity, now so prevalent, we should also take good care not to run into the opposite extreme of skepticism. The precept of the skeptic is practically, "*doubt* all things; hold fast to nothing but your doubts." He ever sits in his "doubting castle," well-fortified against all the shafts of truth, sneering with self-satisfaction equally at the rational beliefs, and the changing delusions of the world around him, as if the one were as unfounded as the other.

Though, in tracing the operation of the common elements of error in medicine, I have alluded to the delusions of the present day, there are some of them that require a more particular notice.

This is an age of *nostrums*. The nostrums which heretofore have claimed the public faith and favor, were comparatively few in number till within the last quarter of a century. Up to that time it was only now and then that a discoverer of some panacea arose to bless the world; and nostrums were occasionally purchased by governments and legislatures for the public benefit. But now they are as abundant and clamorous as were the frogs in one of the plagues of Egypt, when they came croaking into the houses and even the bedchambers.

So extensive is the popular delusion in regard to quack medicines, that the nostrum-system has become an organized system, with an enormous machinery of certificates and advertisements. It has become a monstrous business interest, and is linked in by a thousand ties with other business interests. So powerful is it in this respect, that it has almost entirely subsidized the press, forcing it to be silent except when it speaks in its favor. The same may be substantially said of the action of legislatures on this subject.

This delusion is fostered by the course which

is pursued by many physicians. Certificates are occasionally given to quack medicines by medical men in good standing. Although this is done but seldom, it is done often enough to give weight to the numerous certificates of those who have bestowed upon themselves the title of physician, and to give countenance to the unblushing statements, that are so commonly made by empirics in relation to the patronage which their medicines receive from the 'regular faculty.'

But this delusion is encouraged in a still more decided way by another practice, which has become quite common among physicians. A physician promulgates a medicine as having peculiar excellence in its combination; and he retains his standing with the profession by engaging to reveal the composition of it in a private way to any physician who may request it, while before the public he practices all the arts, and puts in requisition all the tactics of the nostrum system. He thus plays the physician in the presence of his brethren, but enacts the quack before the people.

Among the arts which have been employed in deluding the community may be mentioned the

abuse of what are termed *specialities* in medicine. These specialities have recently been used to a great extent as hobbies for the acquisition of fame and money, not only by arrant quacks, but also by many physicians.

It is very well to make a speciality of the treatment of some diseases. It should ordinarily be done, however, only in the case of those maladies which can advantageously be separated from general practice, and which require a more particular attention than can be given to them by the general practitioner. Such, for example, are diseases of the eye and ear. This rule will not apply to diseases of the throat and of the uterus; for they are commonly so complicated with other diseases that they cannot properly be separated from ordinary practice; and the patients who suffer from them require no attention which cannot be most fully given to them at their own homes by the general practitioner. These two specialities, which have been so popular of late, have been abused in the most mercenary manner, and they are necessarily so liable to this abuse, that they should, for the

most part at least, if not wholly, be discarded by the profession.

The community ought to understand, that the mere fact, that a physician avows his intention to devote himself to the treatment of some particular diseases, is no proof in itself that he has skill in their treatment. The popular credulity is very easy on this point. It is generally taken for granted, even by the sensible and well-informed, that, if a man pays special attention to some one department of the medical art, he must have skill in it as a matter of course. They forget that there may be a mere profession of doing this for selfish purposes, and that even if the profession be put forth in good faith, a hobby may after all be made of the speciality, and then there will be more of apparent than real skill, for the hobby rider, however talented and honest he may be, is sure to be an errorist in practice as well as in doctrine, as time always shows after the temporary éclat which he has gained dies away.

Let me not be understood to undervalue eminence in any particular department of medicine,

when it is actually acquired by a large and continued experience, such as is afforded by the extensive opportunities offered by populous towns and cities. This is a very different thing from that éclat, which is so often gained by the *setting up* of a speciality without the basis of experience, and which has recently become so common a means of success alike with the showy but superficial physician, and the arrant pretender.

I mention as another of the delusions of the present time, *an undue fondness for new things.* This disposition is peculiarly strong now from the influence of circumstances. This is a busy, a restless age in medicine, as well as in everything else. New discoveries, new remedies, new views of disease, new modes of treatment, and new doctrines, are constantly claiming our attention. And the love of novelty is almost as rife in the professional as it is in the popular mind. New doctrines and systems readily find multitudes of advocates among medical men; and every new medicine is hailed at once with enthusiasm, before there has been time to determine its real merits, and it is administered eagerly and freely before

the circumstances which should govern or limit its use are to any extent ascertained.

The charge, then, which Homœopathists so frequently bring against the medical profession, that they are as a body obstinately and unreasonably attached to old modes and opinions, is not only untrue, but they are the rather to be charged with an undue tendency of an opposite character. The very instances which Homœopathists are so fond of citing as proof of the charge which they bring, though they occurred at the period when the authority of antiquity was vastly more respected than it is now, prove a readiness rather than a reluctance to receive what is new. I refer to the discoveries of Harvey and Jenner. Both lived to see their discoveries acknowledged and applauded by almost the whole body of medical men throughout the world; while Hahnemann, whose case is so often claimed to be a parallel with theirs, though he lived a half a century after the promulgation of his theory, saw it adopted only by a very small, a Homœopathically small fraction of the medical profession. This almost universal rejection of Homœopathy by medical men, is to be referred,

not to a hatred of new things, but to the absence of even the semblance of proof in its favor.

Another delusion of the present time is the very prevalent disposition *to put a low value upon the medical profession.* The accumulated experience of medical men is often spoken of as being almost worthless, and the claims which medicine has to be ranked among the sciences are often openly disputed. And these attacks do not come wholly from the uneducated, but often even from the intelligent and the learned.

The estimate thus formed of medical men and of the medical profession I call a delusion, because it is unfounded and irrational. Medicine with all its uncertainty, has accumulated a mass of facts and principles, which entitle it to a high rank as a science. Even in its Therapeutics its *certainties* are great in amount, and its uncertainties are rapidly lessening through the agency of a rigid observation. And, considering the difficulties which embarrass its investigation, the advances which have been made in it are as creditable, in point of acumen and faithful research, as those which have been made in the other sciences.

Those who have been disposed to undervalue the claims of a regularly educated profession have pursued a variety of courses. Some have tried a round of panaceas; some have adopted some system which has not the stamp of 'regularism' upon it; and some have pursued a vacillating course, resorting generally to some form of empiricism, with an occasional return to that profession of which they make such unreasonable complaints.

There are two prominent systems of practice, around which most of the opponents of the regularly educated medical profession in this country have rallied. I refer to Homœopathy and Thompsonianism. Each of these systems has its appropriate sphere in the movement which has been made against our profession—the one among the refined, the learned, and the wealthy for the most part; the other among the uneducated and the poor, or those who are in moderate circumstances. The fees, too, I may remark in passing, correspond. While the Thompsonian is satisfied with a small compensation for his liberal dosing, the infinitesimal doses of the Homœopathist are generally paid

for with fees very Allopathic, sometimes fairly '*heroic.*'

So many of the well-informed and the learned in the community have confidence in the infinitesimal doses of Homœopathy, that this system, as it is called, deserves a somewhat more particular notice than I have incidentally given to it in this essay.

The three grand doctrines which Hahnemann promulgated as lying at the basis of his system of practice are these, viz.:

1. The doctrine which is expressed by the Latin phrase, *similia similibus curantur*, which he denominates "the sole law of Nature in Therapeutics."

2. That a peculiar power is given to medicines by an exceedingly minute subdivision, supposed to be produced by agitation, trituration, &c.

3. That Psora (vulgarly called Itch,) is "the sole true and fundamental cause of seven-eighths at least of all chronic diseases."

The principle, *similia similibus curantur*, though there are some few occasional facts which can with some plausibility be referred to the existence

of such a principle, has never yet been proved as a law of Therapeutics, much less as its "*sole* law." Those facts, which Homœopathists are most fond of adducing in proof of it, may be more satisfactorily explained upon other principles. Take for example, the fact, that it is better to thaw a frozen limb with cold water and snow than with warm water. What is the explanation? Simply this—that a gradual restoration of the part to its natural state is better than to restore it suddenly. Every schoolboy practically understands this, when he warms his almost frozen fingers *gradually*, in order to prevent the aching, which a *sudden* application of heat, as he knows by bitter experience, is apt to occasion. Here there is certainly no illustration of the principle, *similia similibus curantur*, any more than there is in the fact, that it is better to administer food *gradually* to a man found in a state of starvation, than it is to attempt to put him at once into a state of repletion.

The loose character of the proofs, upon which Hahnemann relies to establish the grand principle of his system, can be judged of by a single example. He asserts in his Organon, that the smell of

roses causes some persons to faint, and that therefore the smell of roses must, according to *similia similibus curantur*, be an effectual cure for fainting; in proof of which he cites a passage which he found in an old medical book, in which the credulous author states "that the Princess Eudosia with rose water restored a person who had fainted."

"Is it possible," exclaims Dr. Holmes, "that a man who is guilty of such pedantic folly as this; a man who can see a confirmation of his doctrine in such a recovery as this; a recovery which is happening every day—from a breath of air—a drop or two of water—untying a bonnet string—loosening a stay-lace—and which can hardly help happening, whatever is done; is it possible that a man, of whose pages, not here and there one, but hundreds upon hundreds are loaded with such trivialities, is the Newton, the Columbus, the Harvey, of the nineteenth century?"

The second doctrine of Hahnemann's system can only be proved by facts. One thing is certain—that, in the multitude of the 'observations' of Homœopathists, no facts have as yet been pro-

duced to prove it. Incongruous farragoes prove nothing. The loose analogies which have been cited in proof of this doctrine I have already alluded to, and they require no farther notice.

The third doctrine of Hahnemann is so ridiculous that it needs no remark. How many of his refined and genteel followers believe in this ubiquity of *itch* in all chronic ailments, I have no means of ascertaining.

The rise of Homœopathy occurred at a time when circumstances were peculiarly calculated to give it success. Positive medication had been in high favor both with the public and with the profession. But doubts arose. The experience which Sydenham had in his time in the small pox began to be realized by medical men in other diseases. The doubts referred to continued to increase. Positive medication constantly lost ground, and 'heroic' remedies were used with more and and more caution. In this state of things a system which would do nothing, and yet have the show of doing much, would be apt to succeed. And it has done so. The exposures which have been made of the evils of positive medication

have helped to give currency to Homœopathy. And, on the other hand, Homœopathy has promoted the reform which has been going on in the practice of medicine. For it has aided physicians in learning how much agency the curative power of nature exerts in removing disease. And this it is doing, while Hahnemann and his followers are referring the results to their infinitesimal doses, either ignorantly or from cunning pretence. Those who look on are learning all that is to be learned from the practice, while the practitioners are duping themselves, or their patrons, or both.

Positive as are the principles of Homœopathy, no Homœopathist has ever been known to adhere to them with strict uniformity. To say nothing of the stealthy use of medicines in ordinary doses, which is no uncommon thing with Homœopathic practitioners, they are occasionally *openly* guilty of a virtual relinquishment of their principles. I need only refer as an example to the 'allopathic' dosing with camphor which, so far as I know, *is the universal practice of Homœopathists in*

the Cholera. Even Hahnemann himself forgets his infinitesimals here.*

Homœopathists are fond of asserting that they are effecting a division of physicians into two classes, which they denominate Homœopathic and Allopathic. But this is not so. No such division is taking place. As well might the Thompsonians claim that they are making such a division. The truth is, simply, that the Homœopathists, like the Thompsonians, are getting up a *new class* of physicians, so called; and the few whom they gather to their ranks from the regular profession are no loss to it, for they have such an obliquity of mind or of heart, or of both, that the interests of the profession will really be advanced by the sifting process which separates them from us.

And here let me correct a very common error. It is supposed by the community generally that

* Hahnemann recommended that spirits of camphor (made of one part camphor to twelve of alcohol,) should be given in cholera in the dose of one drop at least every five minutes. But if he were to prescribe it consistently, according to his principles, one drop would supply him with millions upon millions of doses. Much as he professed to despise Allopathy, he was himself an Allopath in giving camphor in cholera.

Homœopathists as such are excluded by physicians from their ranks. This is wholly untrue. A good medical education, *irrespective of opinions,* is the ground of admission, and nothing but gross and persevering infraction of our rules is made the ground of expulsion. Homœopathists exclude themselves by their bad conduct, and by their association with illiterate and dishonorable men, and especially with irresponsible foreigners. Conscious of their unworthiness, they voluntarily form their own associations, which are of such a character as to exclude them necessarily from the ranks of a profession whose basis of union consists in honor and education.

Most theorizers command our respect by the talent and ingenuity with which they defend their theories. Not so with Hahnemann. His deficiency in what may be termed scientific acumen is palpable. The writings of his followers show for the most part the same deficiency ; and small, Homœopathically small, are the evidences of wisdom, and few and faint are the scintillations of genius which they exhibit. One talent, however, but one which is worse than useless, is developed in

Homoœpathists to a large extent. I refer to their skill in accumulating incongruous and meaningless minutiæ, which their numerous and extensive volumes of 'observations,' show to be truly wonderful. An accomplished Homœopathic observer is simply a skillful *maker of farragoes.* The so called arguments advanced in defence of Hahnemann's system, are made up of the most flimsy plausibilities, and the loosest analogies. A belief in Homœopathy, after a full examination of its doctrines and evidences, implies an obliquity of mind which incapacitates for a just appreciation of truth. And of Hahnemann himself I remark, that it is no wonder, that, after wandering about a long life in the quagmire of error, he should at length plant himself upon such an unsightly and disgusting bog as his doctrine in relation to the source of chronic diseases.

It has been constantly proclaimed with much confidence, equally by Homœopathists and Thompsonians, that the practice of medicine has been stationary, or even retrograde, while everything else has been progressive, and that therefore an entire revolution was needed in medical science.

This is wholly untrue. The history of medicine shows conclusively that there has been a very steady advancement in all departments of our science ever since the revival of learning, and especially within the last century. I will notice two particulars in which this advancement is very distinctly marked.

The first particular to which I shall refer is *the relinquishment of a profuse and undiscriminating medication.*

The value of remedies, and the circumstances which should govern their application, are every day coming to be more definitely understood by the profession. The amount of positive medication is lessening, and so far as it is used it is applied with more intelligence and skill. Multitudes of eminently practical minds are directing their energies to this branch of our art, and while the frivolous *medicine expectante,* so popular with the French, is avoided, the greatest caution is exercised in the use of powerful remedies, lest they should interfere with the salutary operations of nature in the removal of disease.

Another particular which marks the advance-

ment of medicine is *the triumph of observation over theory.*

Ever since the beginning of the era, which was distinguished by that remarkable series of events, the reformation, the discovery of the art of printing, and the introduction of the Baconian mode of reasoning—that era in which science began its struggle to rid itself of fanciful speculation—when the fires of alchemy died out, and the search after the *philosopher's stone,* which was to transmute all metals into gold, was laid aside for the search after *truth,* more precious than gold itself; observation has been steadily acquiring an ascendancy over theory in medicine as well as in the other sciences. True, the theorizing spirit has all the while been rife, and theory after theory has attracted the gaze, and excited the wonder and applause of the world; but observation has meantime been ever doing its noiseless but certain work, and amid the rise and fall of theories and modes and systems, has been rearing imperishable monuments of its industry. Facts and principles have been constantly accumulating, loosening all the while the hold of theory upon the medical

mind, and preparing the way for the full and final triumph of observation. This process, it is true, has not gone on so rapidly in medicine as it has in the other sciences. This is to be attributed in part to the peculiar difficulties which embarrass the investigation of this science, especially in its strictly practical departments, and partly to the popular influences from without the profession, which affect in no small degree the opinions and the practices of the physician—influences, which, I need hardly to say, do not exist in the case of the other sciences. But slow as the process has been in medical science, it has all the while been going on with sure step, and has now so far advanced, that we may consider the final triumph of observation over theory in medicine as being just at hand.

It may be proper to state definitely what I mean by the word theory, as there is evidently some confusion of ideas on the part of medical writers generally in regard to the use of this term. Theories are often spoken of as being synonymous with systems of doctrines or principles. If the doctrines or principles be *supposed* merely,

then it is correct so to speak. But if they are really proved to be true, they belong to no theory —they have ceased to be hypothetical and are facts. It is often said that one theory is founded upon facts, while another is not. But no theory, strictly speaking, is founded upon facts. It goes beyond them over into the domain of mere supposition. A theory is, as I understand it, *an arranged collection or system of suppositions designed to account for or explain facts.*

Though theories sometimes do promote the advancement of science by suggesting the line of discovery, they never really form any part of science itself. *All science is composed of ascertained facts, and of these alone.* These facts are of two kinds, individual and general. General facts are established by the observation of particular facts. Thus the general fact expressed by the word gravitation was proved by Newton, by the observation of a great number of such individual facts as the falling of an apple from a tree, and the rolling of a planet in its orbit. General facts are often termed principles or laws. Bartlett, who has presented this subject in a very able and

clear manner in his Philosophy of Medical Science, calls them relationships of facts.

Much is said about empiricism and rationalism in medicine. The disputes in regard to them, though they have occupied much time and talent, have mostly arisen from mere verbal misunderstandings. So far as empiricism discards the domination of theory it is right. If it, however, implies a reliance upon particular or individual facts alone, it is wrong. But if it relies upon both individual and general facts, it is right, and wholly right. It may then be appropriately styled *rational empiricism.* If rationalism, on the other hand, claims that theory is necessary to the proper investigation and development of truth, it is wrong. It is wrong also, if it place its reliance wholly upon general facts or principles, for there are many facts of great value in the treatment of disease which are strictly particular or individual facts.

The facts which constitute, which *are* science, are discovered by observation, and by observation alone. But though observation has this high vocation, no such estimate is put upon it by the

world as it deserves. 'Any one can see, can observe,' it is often said, 'but to reason upon what is observed requires talent and skill.' It is indeed true that any one can observe, but it is not true that every one can observe correctly and skilfully. That is a wise saying of Pott's—"Any man may give an opinion, but it is not every mind that is qualified to collect and arrange important facts."

This maxim is well worthy of being pondered. You observe that it speaks of something more than *collecting* facts. To do this is within the compass of a low order of mind. But to *arrange* facts while collecting them requires talent and skill. When this is well done it betokens a high order of mind.

But there is another word still in that maxim which has much significance. The facts collected in order to be of any use, must be '*important*'—must have an import, a relevancy. A *selection* must be skilfully made, so that irrelevant and unimportant facts shall be omitted. In practical medicine, for example, a good representation of a case is a well *arranged* statement of the *important* facts, while an unskilful representation of it is a

statement of the facts arranged badly—with no due regard to their relative importance or their bearing upon each other.

The good observer, then, is not a mere collector of facts. He is not a mere *fact hunter*. He not only gathers facts, but weighs and arranges them. If Newton had been a mere collector of facts, he never would have discovered the great principle of gravitation. It was by weighing and arranging *individual* facts that he arrived at this *general* fact. The same can be said of all discoveries.

Reasoning is often spoken of as if it were a thing totally distinct from observation. But to reason well is really only to observe* well. For what, I ask, is reasoning, if it be just and conclusive, but a good and skilful arrangement of verities or truths? And what are truths but enunciations of facts?†

* It may be thought by some that I give to the word *observe*, too wide a meaning; but it is certainly one which is sometimes given to it by common consent. At all events, the reader cannot mistake as to what meaning I do attach to it.

† I submit it to our friends of the clerical profession, whether the principles advanced in this essay in regard to theory and observation, might not be applied to theological as well as medical

I remark farther in regard to observation, that it is often impaired by being confined too much in science. Has not practical religion, like practical medicine, suffered by controversies which have been engendered solely by the theorizing spirit? Has not this spirit produced many warm and even angry controversies between men who, if they had discarded theory, and had confined themselves in the true spirit of science to the *facts* revealed in the providence and word of God, would have been harmonious co-workers in the labor of redeeming a world from error and sin? Is not the controversy, for example, between Taylorites and anti-Taylorites, and that between Old and New School, which has rent the Presbyterian Church in this country in twain, precisely of this character? Such also is the character, and such the source, of the controversy, which Dr. Bushnell has waked up in the denomination to which he belongs. If he had adhered to rational but strict observation, instead of giving himself up to the bewildering enticements of profitless theory, he would not have engaged a multitude of minds in discussing the question, whether Dr. B. has departed from the faith, and that knotty one, 'what does Dr. B. mean,' and would not therefore have diverted the energies of these minds for the time being from the appropriate work of their high commission. Neither, may I add, would he have been claimed by another denomination as having fairly started to go over to their ranks; for, while the language of theory is apt to be mistifying, and is, therefore, liable, to be misunderstood, the language of true science, the enunciation of facts, especially when it comes from a mind of such power as Dr. Bushnell's, is clear and definite and intelligible.

its modes and means. I have already alluded to this subject, and I will only notice now one *mode* of observation which has become so popular in our profession, as to arrange its numerous advocates under a particular name—that of the *numerical school* of observation.

Far be it from me to deny that Louis, the founder of this school, is deserving of high praise for his rich and extensive contributions to medical science. But while he has done much as an active and discriminating observer, he would have done more if he had not become wedded to one particular mode of observation. His observation is defective in the very point in which it aims to be perfect, viz., completeness. It is in its very nature exclusive. In recording his cases Louis evidently has continual regard to the application of his numerical estimates, and he therefore thinks comparatively little of those qualities of facts which cannot be expressed by numerals. But the qualitative, quantitative and relative values of facts, especially in Therapeutics, are much more numerous and important than those values which numerals are competent to represent. The

numerical method, then, must be capable of only a very limited application to this branch of our science.

Take for example a disease to the investigation of which in its treatment the numerical method has been claimed to have had a very successful application—viz. pneumonia. What has it taught us here? Putting the best construction possible upon the results, it has only confirmed what was already satisfactorily ascertained by homely common observation—viz: that bloodletting and tartarized antimony are appropriate remedies in many cases of pneumonia, or that they generally have a tendency to lessen and shorten the disease. But there are various important points which it does not touch. It furnishes no answer at all to such enquiries as these—*How far* are these remedies applicable? What *circumstances* forbid or require or limit their use? What is the appropriate sphere of each remedy? How do they affect the case, and how do they modify each other, when used *simultaneously*? *Ought* they to be used simultaneously, or should the one follow the other? And besides, there are other remedies believed, may I not say

proved, by the profession to be as really useful in the treatment of this disease as bleeding or antimonials—viz: mercurials, opiates, blisters, &c. If all these are to be taken into the account, the observation will obviously be too complex to allow of any great use of numerical estimates. If it be true that they are all appropriate remedies in this disease, the extent of their applicability must vary so much in the different cases, that our conclusions cannot be put into a numerical shape, or at the most very few of them can be. No one of these remedies ought to be used in all cases of the disease. No one of them will produce precisely the same effect if used alone, as when used with one or more of the others. If bleeding, for example, manifestly does good in any case or number of cases, it does not prove at all that it would not do better if it were accompanied by the other remedies; neither, I may add, does it prove that the other remedies could not do better without the bleeding. Indeed there are many cases of pneumonia in which bleeding is wholly inadmissible, and others in which its applicability is at least very doubtful. This being so, the fact that numerical

observations prove bleeding to be generally beneficial in pneumonia, can be of no practical use to the physician in deciding in regard to any *individual case*, whether bleeding is applicable to it. Circumstances which it would be difficult to subject to numerical rules must decide that point. And the same can be said of other remedies.

It is very plain, that such points as those to which I have referred, can be satisfactorily made out only by a careful examination of many cases fully reported, coupled with personal rigid observation at the bed-side of the sick. And the numerical method will be sure to lead to error, if in such an examination it be not made subordinate to the ordinary mode of observing disease.

But besides narrowing down his observation by an overweening attachment to a mode, Louis, with all his contempt for the theories of the medical world, has himself been unconsciously betrayed into the adoption of a theory of typhoid fever. The evidence of this is continually showing itself, but my limits will permit me to allude to that only which I find in his chapter on the causes of death in fever. He considers death to be occasioned

always by local diseases, the traces of which are discoverable after death—generally by lesions of the 'elliptical patches,' sometimes by lesions in other quarters. "In eighteen subjects, or in about two-fifths of the subjects whose cases we are analyzing," he remarks, "I could not explain death from the appearance of the elliptical patches of the small intestine, the intervening mucous membrane and the mesenteric glands; consequently I was obliged to have recourse for an explanation to the lesions of other organs, large intestine, stomach, &c.: lesions which in every case except two appeared to me to account sufficiently for the fatal termination."

This doctrine of Louis in regard to the causes of death in fever is not only a mere theory, a supposition, but it is an exceedingly improbable one. The unbiassed observer must be impressed with the evidence, which appears in so many cases of fever, that death is often the result of the disordered state of the nervous system, independent for the most part at least of local diseases.

But Louis goes still farther in his theory. He teaches that the small intestine is *the seat* of ty-

phoid fever. For in the chapter to which I have referred, he says, in relation to the opinions of those whom he regards as in error on this subject, "that it has been denied that the small intestine was the seat of these diseases (fevers) because its lesions could not always explain the reason of death." Louis then has his doctrine, his *theory* of fever, as well as Broussais. There is a *Louisism* as well as a *Broussaisism*. Broussais calls fever a gastro-enterite, while Louis places its "seat" in the "elliptical patches." This is all the difference between them—I mean in this particular.

I remark, in regard to this theory of Louis, that the bare fact that the elliptical patches are "more or less seriously changed in all the patients" does not prove that here is the "seat" of the "typhoid affection." Something more than the *uniformity* of this phenomenon is needed to prove it to be *the* cause of this particular form of disease in distinction from all other diseases. To prove this, it is necessary to show that this is an adequate cause of the characteristic symptoms of typhoid fever, and that there are no other causes which have an agency in producing these symptoms.

Take an illustration from another quarter of science. No animal but man has really a chin. This distinguishes man from other animals with quite as much uniformity as disease of the elliptical patches distinguishes typhoid fever from other affections. And the bare fact of this uniformity does not in the one case of itself prove, that "the typhoid affection" is simply a disease of the elliptical patches, any more than it does in the other, that man is to be distinguished from other animals only as being a *chin-bearing* animal. Indeed, the most important distinctive qualities of man, viz: those which make him a *reasoning* and an *accountable* being, we often see to a greater or less extent obliterated in the fatuous and idiotic, while that unimportant characteristic, the chin, is never wanting, but is always distinct and prominent. The proof then, that a characteristic of anything is the chief or the only one, depends upon other circumstances than the uniformity of its existence.

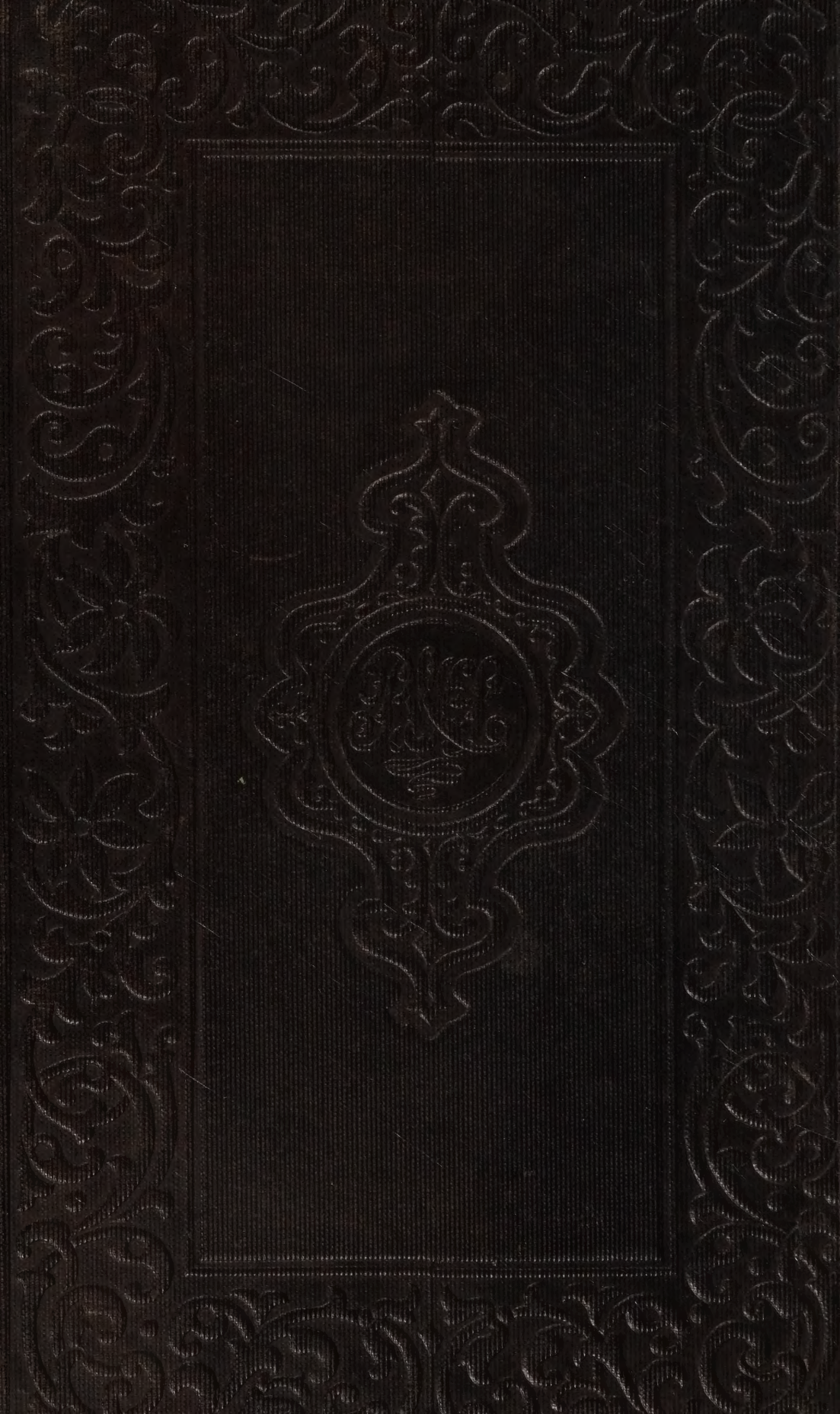
The observation of Louis, then, is not only exclusive in its character, but it is encumbered with the same old burden with which observation in our science has been so apt to be encumbered

from time immemorial. He is not the pure examplar which so many of his followers claim that he is. However great are his merits, it is not wise to imitate his errors. His method is not "the *only* test for opinion," as is asserted by Dr. Cowan. It is not the method "on which every positive increase of our medical knowledge must be founded." *Exact* observation is not shut up to this method alone.

The observation which is needed in medicine must have *comprehensiveness*, as well as minuteness and accuracy. It must be bound by no theory. It must not be confined to any one channel, but it must put in requisition all modes and means. Observation which is simply minute, though it may have an imposing, scientific air, does by no means necessarily imply acuteness and discrimination. A truly skilful observer will often discover more by a few enquiries, than an unskilful one will with a long and tedious examination. Homœopathic observation is minute, exceedingly so, but there is no arrangement, no selection, except upon the most loose and fanciful principles.

There is needed in medicine a faithful record

of the common daily experience of physicians—what Sydenham terms "an accurate and circumstantial history of diseases." At this point should all our observation aim. Minute records of cases should be made, not only or chiefly of extraordinary ones, as is too much the custom, but mostly of those which occur in ordinary daily practice. It is in this particular that Louis deserves great credit for the example which he has set to our profession.

It is observation, minute, accurate, comprehensive, unbiassed by theory, which, *proving all things and holding fast that which is good,* can rid the medical profession, and through them the community, of the errors and delusions that have prevailed in such diversified forms from the infancy of medicine to the present time. And this is a deliverance which I believe is not only possible, but, if the profession as a body prove faithful to the high trusts reposed in it, is near at hand. I do not believe that the errors of the past must be perpetuated. I do not believe that we need to go on forever confounding the effects of remedies with those of other agencies. I do not believe

that it is necessary that the searcher after truth in our science should labor under the incumbrance of theory, or that he should divide his energies between profitless and ingenious theorizing, and the legitimate labor of science, observation. I do not believe, that, in order to develop truth, the mind must at the outset be dazzled by extreme and exclusive views of it—that a leap must be made beyond it over into the region of error, rendering it necessary to retrace some steps to see the truth exactly as it is. I do not believe, that, in order to make observation distinct and clear, it must be shut up wholly, or in part, to any one mode or means. These and other sources of error may be abandoned; and the wide domains of medical science may, even in our day, be secured under the rule of a *pure, exact, rational and comprehensive* OBSERVATION.